MAXIMUS Federal Services

Case Number:	CM13-0050189		
Date Assigned:	12/27/2013	Date of Injury:	10/29/2011
Decision Date:	02/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back, left leg, and left ankle pain associated with an industrial injury sustained on October 29, 2011. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, topical agents, lumbar medial branch blocks, transfer of care to and from various providers in various specialties, electrodiagnostic testing notable for bilateral median sensory and motor neuropathy on and around the wrists with evidence of a chronic L5-S1 lumbar radiculopathy (June 13, 2012), lumbar epidural steroid injections, acupuncture, and return to regular work. A note dated June 11, 2013 states that the applicant underwent trigger point injections and is asked to undergo a second round of acupuncture. He was given prescriptions for Naprosyn, Prilosec, Neurontin, Zanaflex, Terocin, and Dendracin. He apparently had a flare-up of pain and received Vicodin in the ER. A note dated October 23, 2013 states that he was given prescriptions of Naprosyn, Prilosec, Neurontin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

100 Naprosyn 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn are considered the first line of treatment for various chronic pain conditions, including the chronic low back pain present here. In this case, contrary to what was suggested by the attending provider, the applicant has used Naprosyn for some time, including as early as March 2013. There is no seeming mention of adverse effects with prior Naprosyn usage. In fact, the applicant's successful return to regular work can be considered prima facie evidence of functional improvement as defined by the parameters established in MTUS 9792.20f. Continuing Naprosyn, then, is indicated. Accordingly, the request is certified.

120ml of topical compounded Dendracin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics have been deemed "largely experimental." They should be employed for neuropathic pain only when trials of antidepressants and/or anticonvulsants have failed. In this case, however, the applicant is described as using a first-line oral anticonvulsant, Neurontin, for neuropathic pain, without evidence of adverse effects. The applicant is also using numerous other first-line oral analgesics, including Naprosyn and Flexeril, without any seeming difficulty, impediment, and/or impairment, effectively obviating the need for topical compounded Dendracin. Therefore, the request is not certified.

Terocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The applicant's successful use of numerous first-line oral pharmaceuticals, including anticonvulsants such as Neurontin, and analgesics such as Naprosyn and Flexeril effectively obviate the need for largely experimental topical agents such as Terocin, as suggested in the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.